

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155406		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT PERU				STREET ADDRESS, CITY, STATE, ZIP CODE 390 WEST BOULEVARD PERU, IN46970			
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F0000	<p>This visit was for a Recertification and State Licensure survey.</p> <p>Survey Dates: March 14, 15, 16, and 17, 2011</p> <p>Facility Number: 000475 Provider Number: 155406 AIM Number: 100290540</p> <p>Survey Team: Julie Wagoner, RN, TC Tim Long, RN Angie Strass, RN (March 14, 15, and 17, 2011)</p> <p>Census Bed Type: SNF/NF: 34 Total: 34</p> <p>Census Payor Type: Medicare: 03 Medicaid: 24 Other: 7 Total: 34</p> <p>Sample: 10</p> <p>This Deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p><b>(Email Delivery)</b></p> <p>April 8, 2011</p> <p>Ms. Kim Rhoades, Director Division of Long Term Care INDIANA STATE DEPARTMENT OF HEALTH 2 North Meridian Street, Section 4-B Indianapolis, Indiana 46204-3006</p> <p>RE: Hickory Creek at Peru</p> <p><b>Provider</b> <b>No: 155406</b> Recertification and State Licensure Survey Survey Event ID # OZLJ11</p> <p>Dear Ms. Rhoades:</p> <p>Attached for your review and anticipated approval, you will find the revised form requested by Brenda Meredith, RN, CMS - 2567L Statement of Deficiencies and Plan of Correction for the recent annual survey. Survey conducted March 14, 2010 through March 17, 2010, at Hickory Creek at Peru, 390 West Boulevard, Peru, Indiana 46970.</p> <p>Please be advised that it is our intent to have this plan of correction also serve as our Allegation of Compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on March 22, 2011 by Bev Faulkner, RN				Compliance is effective on March 31, 2010.  Should you have questions regarding the attached Plan of Correction / Allegation of Compliance, please do not hesitate to contact me.  Sincerely,  Ruth Fuchs Administrator  cc: Tom Adams, Director of Operations – Hickory Creek Healthcare Foundation  <b>Brent Waymire, Vice President of Operations – Hickory Creek Healthcare Foundation</b> Survey File Survey Book ( <b>Email Delivery</b> ) March 28, 2010 Ms. Kim Rhoades, Director Division of Long Term Care INDIANA STATE DEPARTMENT OF HEALTH 2 North Meridian Street, Section 4-B Indianapolis,		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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					Indiana 46204-3006 RE: Hickory Creek at Peru Provider 155406Recertification and State Licensure Survey Survey Event ID # OZLJ11 Dear Ms. Rhoades: Attached for your review and anticipated approval, you will find the completed form CMS - 2567L Statement of Deficiencies and Plan of Correction for the recent annual survey. Survey conducted March 14, 2010 through March 17, 2010, at Hickory Creek at Peru, 390 West Boulevard, Peru, Indiana 46970. Please be advised that it is our intent to have this plan of correction also serve as our Allegation of Compliance. Compliance is effective on March 31, 2010. Should you have questions regarding the attached Plan of Correction / Allegation of Compliance, please do not hesitate to contact me. Sincerely, Ruth Fuchs Administrator cc: Tom Adams, Director of Operations – Hickory Creek Healthcare Foundation Brent Waymire, Vice President of Operations - Hickory Creek Healthcare Foundation Survey Book Survey FileThis Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is		

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					submitted to meet requirements established by state and federal law. Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on March 31, 2011		

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F0282 SS=E	<p>Based on observation, record review, and interviews, the facility failed to ensure physician orders were followed for 1 of 4 residents reviewed for falls in a sample of 10 (Resident # 10), and for 3 of 5 residents reviewed for diabetic monitoring in a sample of 10. (Residents #13, 21, and 25)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #25 was reviewed on 03/16/11 at 10:30 A.M. Resident #25 was admitted to the facility on 03/26/03 with a diagnosis, including but not limited to, diabetes mellitus. The March 2011 physician orders included orders to assess the resident's blood sugar levels twice a day and call the physician if the resident's blood</p>			F0282	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on March 31, 2011</p> <p>F282</p> <p><u>What corrective action will be done by the facility?</u></p> <p>-</p> <p><u>Resident #10's mat is currently present in the room. As soon as concern was brought to facility's attention the mat was placed on the floor and any staff present were inserviced immediately. All other staff were inserviced on 3/22/2011.</u></p> <p>-</p> <p><u>Residents #25, 21, and 13's blood sugar parameters have been reviewed and clarified with the physician. The parameters will be clarified so that the staff is required to call the doctor rather than faxing with any blood sugars that are outside of the ordered parameters. Nurses inserviced on 3/22/2011 and Director of Nursing reviewed the Diabetic Testing policy</u></p>		03/31/2011

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	<p>sugar was below 60 dg/ml or above 350 dg/ml and to fax the physician if the resident's blood sugar was below 70 dg/ml or above 300 dg/ml. Review of the March 2011 glucometer blood sugar checks flow sheet indicated the resident's blood sugar was 61 dg/ml on 03/14/11 at 11:00 A.M. and was 59 dg/ml on 03/15/11 at 4:00 P.M.</p> <p>Review of the Medication Administration Record for March 2011, review of Nurse's Notes for March 2011, review of the March Glucometer Blood Sugar Checks flowsheet, and review of the facility's copies of faxes sent to physicians for March 2011 indicated there were no faxes or phone calls made to the physician regarding Resident</p>				<p><u>and procedure.</u></p> <p>- <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>- An audit was performed on all residents in regards to bedside mat usage. Any residents who have an order for a bed mat now have a symbol outside their door to identify the need for a bedside mat. All staff was inserviced on this system on 3/22/2011.</p> <p>An audit was performed for all residents requiring blood sugar monitoring. The orders for all residents requiring blood sugar monitoring were reviewed and clarified with the physician. Nurses and QMAs were inserviced on the Diabetic Testing Policy and Procedure on 3/22/2011</p> <p>- <u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>- When an order is received for</p>		

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	<p>#25's blood sugar levels below the listed parameters.</p> <p>Interview with the Corporate Nurse Consultant, Registered Nurse #1, on 03/17/11 at 2:30 P.M., indicated there was no documentation the physician had been called and/or faxed regarding the resident's low blood sugar levels.</p> <p>2. The clinical record for Resident #21 was reviewed on 03/15/11 at 11:30 A.M. Resident #21 was readmitted to the facility on 01/10/11 with diagnosis, including but not limited to, diabetes mellitus. The February 2011 physician's orders included an order, initiated on 05/06/10, to assess the resident's blood sugar levels twice a day and to call the physician if the resident's blood</p>				<p>a bedside mat, a symbol will be placed outside the resident's room. The need for a bedside mat will be placed on the C.N.A. assignment sheet and the resident's careplan will be updated.</p> <p>The diabetic monitoring flow sheet will be kept in the Medication Administration Record in the front of each patient's record. The parameters will be clearly stated at the top of each flow sheet. The nurses will notify the physician and record the blood sugar as stated in the patient's physician order. The blood sugar will also be listed on the 24 hour report to be monitored by Director of Nursing and/or designee 5 times a week.</p> <p>In addition, the Interdisciplinary Team will review focused charting and 24 hours reports daily in the Daily Stand up Meeting to ensure that all orders are followed per physician recommendations.</p>		

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	<p>sugar level was below 55 or above 350 (dg/ml).</p> <p>Review of a nurse's note, dated 01/20/11, as a late entry indicated the following: "8 A.M. b/s (blood sugar) 46 pt (patient) very hard to respond. oj (orange juice) with sugar given et (and) cranberry (juice) et milk given. DON (Director of Nursing) notified per (nurse's name) LPN. 8:15 A.M. b/s 99. MD (medical doctor) faxed with incident et ? n/o (new order)."</p> <p>Interview with the Corporate nurse consultant, RN #1, on 03/17/11 at 2:30 P.M., indicated there was no documentation the physician had been called regarding the resident's low blood sugar level.</p>				<p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>- Director of Nursing or designee will review focused charting and 24 hour reports 5 xs per week. The Director of Nursing will complete a daily QA for 90 days to monitor compliance with the Diabetic Testing Policy and Procedure.</p> <p>The DON or designee will bring the results of their audits and reviews to the monthly QA&amp;A committee for further review. After 90 days and when 100% compliance is obtained, any further monitoring will be completed as recommended by the QA&amp;A committee.</p> <p><u>Date of compliance:</u></p> <p>- March 31, 2011</p>		



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F0282 SS=E	<p>3. Resident #10's clinical record was reviewed on 3/16/10 at 1:30 P.M. The record indicated the resident was admitted to the facility originally on 7/10/09 and readmitted to the facility on 1/12/11. The resident's diagnoses included, but were not limited to, dementia and congestive heart failure.</p> <p>An observation on 3/16/11 at 2:30 P.M. and later at 3:15 P.M., indicated the resident was lying in bed sleeping with no mat on the floor beside the bed. An observation on 3/17/11 at 11:30 A.M., indicated the resident was lying in bed with no mat on the floor beside his bed.</p> <p>Review of the resident's physician's orders indicated on 2/28/11 a physician's order was received for a mat on floor at bedside for safety.</p> <p>Review of the resident's interdisciplinary care plan for risk for falls dated 1/26/11 indicated mat on floor at bedside.</p> <p>Review of the resident's most recent fall risk assessment, dated 2/10/11, indicated the resident scored 13 which placed the resident at high risk for potential falls.</p> <p>Review of the CNA assignment sheet used on 3/14/11 indicated the resident was</p>			F0282	<p>This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Hickory Creek at Peru desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on March 31, 2011</p> <p>F282</p> <p><u>What corrective action will be done by the facility?</u></p> <p>-</p> <p>- <u>Resident #10's mat is currently present in the room. As soon as concern was brought to facility's attention the mat was placed on the floor and any staff present were inserviced immediately. All other staff were inserviced on 3/22/2011.</u></p> <p>- <u>Residents #25, 21, and 13's blood sugar parameters have been reviewed and clarified with the physician. The parameters will be clarified so that the staff is required to call the doctor rather than faxing with any blood sugars that are outside of the ordered parameters. Nurses inserviced on 3/22/2011 and Director of Nursing reviewed the Diabetic Testing policy</u></p>		03/31/2011

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	<p>to have a mat on floor at bedside.</p> <p>An interview with the Administrator on 3/17/11 at 12:15 P.M., indicated the resident is to have a mat on the floor at bedside when he is in bed. The Administrator indicated she had observed the mat on the floor at bedside when she was in his room in the morning of 3/17/11. The Administrator indicated the mat at bedside was initiated as a precautionary measure and the resident had not had any falls previously.</p> <p>4. Resident #13's clinical record was reviewed on 3/16/11 at 10:45 P.M. The record indicated the resident was admitted to the facility on 12/23/09. The resident had diagnoses including, but not limited to, insulin dependant diabetes mellitus.</p> <p>Review of the resident's physician's orders, dated 2/4/11, indicated a the physician's order to check blood sugar twice daily. The physician's orders indicated the physician is to be notified if the resident has blood sugar under 50 or over 350.</p> <p>Review of the resident's glucometer checks, dated 1/28/11, indicated at 4:00 P.M., the resident had a blood sugar result of 351. Review of the nurse's notes of</p>				<p><u>and procedure.</u></p> <p>- <u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>- An audit was performed on all residents in regards to bedside mat usage. Any residents who have an order for a bed mat now have a symbol outside their door to identify the need for a bedside mat. All staff was inserviced on this system on 3/22/2011.</p> <p>An audit was performed for all residents requiring blood sugar monitoring. The orders for all residents requiring blood sugar monitoring were reviewed and clarified with the physician. Nurses and QMAs were inserviced on the Diabetic Testing Policy and Procedure on 3/22/2011</p> <p>- <u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>- When an order is received for</p>		

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	<p>1/28/11, indicated the physician was not notified of the blood sugar over 350.</p> <p>An interview with the DN (director of nursing) on 3/17/11 at 2:45 P.M., indicated the facility had no record of the physician being notified of the blood sugar of 351 on 1/28/11.</p> <p>Review of the facility policy and procedure, titled, Diabetic Testing, dated as reviewed on 07/10 and current per administrator, included the following: "Documentation: blood glucose level, including time and date of test. Physician notification if blood glucose level is above or below normal range, as indicated by the parameters set by the physician's orders...."</p> <p>3.1-35(g)(2)</p>				<p>a bedside mat, a symbol will be placed outside the resident's room. The need for a bedside mat will be placed on the C.N.A. assignment sheet and the resident's careplan will be updated.</p> <p>The diabetic monitoring flow sheet will be kept in the Medication Administration Record in the front of each patient's record. The parameters will be clearly stated at the top of each flow sheet. The nurses will notify the physician and record the blood sugar as stated in the patient's physician order. The blood sugar will also be listed on the 24 hour report to be monitored by Director of Nursing and/or designee 5 times a week.</p> <p>In addition, the Interdisciplinary Team will review focused charting and 24 hours reports daily in the Daily Stand up Meeting to ensure that all orders are followed per physician recommendations.</p>		

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